Dysentery #1

An

Inaugural Dissertation

on the

Dysentery

by

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of Virginia

April the 10th 1811

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Dysentery

Generally makes its appearance about the end of summer, or beginning of autumn, at which time intermittent, and remittent fevers, are most prevalent.— It may however occur at any time, or season, or in any country; and is subject, like all other epidemics, to great variety in appearance and cure.

It generally begins with great lassitude, and inability to motion, chilliness and thirst, loss of appetite, and sometimes a bitter taste in the mouth, with nausea and vomiting.— These symptoms are very soon succeeded, by morbid or irregular action in the arterial system, attended

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with severe pain in the head, excessive thirst, and bilious stools.—

It sometimes however, appears with a variety of affections in the alimentary canal, as costiveness, and not unfrequently pains resembling those arising from colic. And a purging is occasionally the first symptom, but this is not often the case, for the symptoms above enumerated, generally usher in the disease.—

In some cases severe dysenteric pains come on, without any discharge whatever: This was taken notice of by Doctor Sydenham, and called by him dry dysentery— and has been accounted for by Dr Rush, who supposes that the force of the disease is so great in the bowels, as to prostrate them, so much, as to render them incapable of acting on their contents,

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until the excitement is lessened by means of bleed=
=ing or purging.— It is not in dysentery alone we
observe a want of secretion or excretion from ex=
=cess of morbid excitement.— It takes place in the
kidneys, in the liver, in the eyes, and in gonorrha=
=a, constituting what is called a dry clap.—
By neglecting the above symptoms, the disease gradu=
=ally gains strength, without exciting much fear in
the patient, until he is attacked with flatulence,
griping, and inclination to go to stool; in indulg=
=ing this, nothing is voided, but a little mucus tin=
=ged with blood; after this there is generally a
short respite from pain, but this is of short duration.
The matter voided by stool is various; at first re=
=sembling a purging of thin excrement, sometimes
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and in some cases blood alone, this comes from enlarged and not from ruptured vessels; as has been supposed; scybala are sometimes discharged, also balls resembling suet, a membrane is not unfrequently evacuated, which is the effect of inflammation.— There is considerable pain in the bowels particularly the colon and rectum, and great uneasiness, and nausea at stomach, which shews that the upper part of the intestinal canal is affected.— The griping and tenesmus continuing to increase, the fever which is of the remitting kind, becomes more considerable.— A symptom has been remarked in this disease, that is to say, when the patient swallows any thing either solid, or liquid, he has an instant inclination to go to stool, as if what he had taken in, passed immediately through him.—

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but it will be found upon examination, to be the usual discharge attending the disease, and not what had been swallowed; this is owing to the great irritability of the intestinal canal.—

Unless something be done for the patient at this time, every symptom increasing, the stools will become more frequent and painful, with a fœtid smell, accompanied with severe griping, and tenesmus.—

Nothing excrementitious is discharged, unless a cathartic be administered, when small, round balls are evacuated, termed by Authors Scybala. Upon the expulsion of these, there is an alleviation of the distressing symptoms, but this does not continue long, for the complaint increasing with redoubled violence a sebaceous matter is discharged, resembling the lotura carnium, or washings of flesh, with an

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The pulse which until this time, was hard, full, and tense, now becomes small and frequent; the countenance appears dejected, and the eyes lose their accustomed lustre, and appear only half-closed during sleep; the tongue and teeth become foul and covered with a dark, tenaceous scurf; hiccough comes on, with great prostration of strength.—

The debility progressing, the pulse becomes exceedingly weak, frequent and almost imperceptible.—

The evacuations are often involuntary, and the smell continues to be extremely offensive.— The pain, griping and tenesmus which until now had been very great, suddenly ceasing; the patient and his friends are flattered with the hopes of a speedy recovery.— The delusion however exists but for a short time;

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for the nausea and vomiting returning, the sweats become cold and clammy, deglutition difficult, if not altogether impossible, subsultus tendinum comes on, aphthæ make their appearance, the extremities become cold, delirium supervenes, and the patient dies.

The appearances on dissection, are various, we sometimes meet with no marks of disease whatever, from morbid action transcending the grade of inflammation, secondly, marks of inflammation, thirdly, a membrane, fourthly, pustules, fifthly, tubercles, sixthly, gangrene, seventhly, the inner coat of the intestine abraded, eighthly, the liver found generally diseased, ninthly, the spleen is said to be enlarged.

The remote causes of dysentery are the same with those producing bilious and yellow fever, and is in fact,

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only a modification of the same disease. For we are furnished with many instances, which incontestibly prove, that intermittent and remittent fevers frequently terminate in dysentery, and vice versa. Dr. Cleghorn tells us, when one of these diseases is suppressed, the other often ensues; nor is it uncommon for dysenteric fevers to put on the form of tertians, and for the paroxysms of tertians to be regularly attended with gripes and stools. For its occuring about the same season of the year generally; proves that it does not depend upon specific contagion, but an impure atmosphere, like bilious, and yellow fevers. For these and innumerable other reasons, that could be given, I consider the remote causes to be marsh and human effluvia.

The predisposing cause of dysentery, is, debility, whether

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induced directly or indirectly.— The direct causes, are the depressing passions of the mind, as fear, grief and despair— Cold— This is universally acknowledged to be a powerful cause in inducing debility.....

Filthiness.— This has always been considered as a fruitful source of this disease, and its frequent occurrence in camps and hospitals, has been adduced in support of this opinion.— A neglect of cleanliness, has no doubt, a considerable share in rendering the disease more violent, when it has taken place, and may probably sometimes concur with other causes to produce it; for we find that the poorer class of people, many of whom, are destitute of the common necessaries of life, become much sooner affected, both with this and many other diseases, than those who enjoy a higher station.— —

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The indirect causes, are 1.st Heat, hence the greater frequency of dysentery in warm climates, and warm weather. — 2.nd Intemperance in eating and drinking. 3.rd Unusual labour or exercise — The causes which act more immediately in inducing a state of debility in the stomach and intestines; are 1.st Improper aliment — as the immoderate use of unripe fruit. — This is the cause, why country people are more subject to this disease, than those who live in a City — 2.nd Animal food of difficult digestion, and of an unwholesome quality. 3.rd The vegitable acids. — 4.th Unwholesome water. —

In a debilitated, and consequently excitable state of the intestines, it only requires the action of stimuli to create the disease in question; and this happens from their being either immediately, or more remotely applied.

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There has been great diversity of opinion among phy=
=sicians respecting the proximate cause of dysentery.—
It is unnecessary to mention the various theories
which have been advanced.— But Dr Sydenham ap=
=pears to have been the first who had a correct idea of
this disease, he considered it as a fever turned in up
on the bowels.— But as Dr Rush has given us the
most satisfactory theory, I shall mention his, namely,
the proximate cause of fever in general, and consequent
=ly of the intestinal state of fever, appears to consist
in an irregular, convulsive action of the arterial
system; but this irregular action, in consequence
of the weak and debilitated state of the stomach,
and bowels, is particularly determined upon them;
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There is perhaps no disease in which the aid of a physician is more essentially requisite, than in the one under consideration, for there is no disease which proves more certainly fatal, when left in the hands of nature; and when judiciously managed none more easily cured.— In dysentery as in most diseases our practice must be various, or suited to the different states of the system; But in the United States dysentery is generally found to be of a very inflammatory nature, when this is the case, the following mode of practice will be found best.— Bloodletting when the pulse is full, quick and tense, or when the patient complains of great pain, is indispensably necessary; the bleeding should be continued, until the pulse is subsued or the inflammatory symptoms have abated, and the pain be relieved.— In determining the quantity of blood to be drawn

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no positive rule can be established, it must depend upon the judgment of the physician, together with the habit, age and constitution of the patient.—

Emetics are seldom useful, tho they may be used where the patient complains of nausea, and especially when this depends upon a redundancy of bile, for this purpose Ipecacuanha perhaps will be found best.—

Purgatives have been justly recommended, and upon their judicious administration, the cure will in a great measure depend, they act in two ways, first, by reducing the excitement in the bloodvessels, and secondly by discharging the irritating matter from the intestines which is the cause of the tenesmus and griping— Clarke and Pringle place the greatest reliance on purges, and even advise their

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daily use, until the most troublesome symptoms are removed; they should be of castor, or sweet oil, sulphur, and the neutral salts— sulphur has been recommended on the supposition of its acting on the lower bowels.— Calomel has been highly spoken of and is certainly entitled to our attention, of this however we shall speak hereafter.— Rheubarb has been used; and under certain circumstances may be employed with advantage, an infusion of this medicine has been said to act as a tonic, by Doctor Barton, and after sufficient depletion this form may perhaps be used with advantage— Having premised sufficient evacuations, various remedies present themselves, such as the chalk julep, or a powder composed of opium, Ipecac, and creta, this powder has been highly spoken of by Dr. Barton

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Sudorifics may be given when the inflammatory diathesis is subdued, or when the system shews a disposition to throw off the disease by the pores; and the best sudorifics will be Dover's or James's powders, they should be assisted in their operation by diluents, such as wine whey, barley water, or flaxseed tea.—

Injections may be used in every stage of the disease, they should be of an oily or mucilaginous nature with the addition of a little laudanum, which relieves the griping and tenesmus, they bring away the irritating matter from the intestines, and assist the operation of purgatives.—

Opium in the cure of dysentery is indispensably necessary, it should be given in small doses during the

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day and large ones at night to procure ease and sleep, this it does more effectually than any other remedy.—

Blisters, in this as in many other diseases, are of essential service; they act by easing pain, relaxing the skin and inducing sleep, they may be applied to the wrists, ancles, thighs or abdomen. ——

Diluents and demulcents should be given from the commencement of the disease; they sheath, as it were, the intestines, and obtund the acrimony of their contents.—

Finally, when the above remedies fail, mercury should be resorted to; so as to produce a gentle salivation, the disease, is, in this way cured, by being translated from the bowels, to a part less essential to life.—